



IFW

## TRANSMITTAL FORM

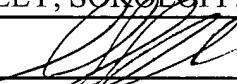
(to be used for all correspondence after initial filing)

		Application No.	10/742,694
		Filing Date	December 19, 2003
		First Named Inventor	Paul S. Grysiewicz
		Art Unit	2614
		Examiner Name	Paulos M. Natnael
Total Number of Pages in This Submission	27	Attorney Docket Number	42P7417R

### ENCLOSURES (check all that apply)

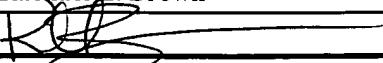
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<div style="border: 1px solid black; padding: 5px;">           -Copy of Reissue declaration            -Copy of application as originally filed            -Return Receipt Postcard         </div>
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 28, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Rachael L. Brown		
Signature		Date	December 28, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wfr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



## **FEE TRANSMITTAL for FY 2005**

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

<i>Complete if Known</i>	
Application Number	10/742,694
Filing Date	December 19, 2003
First Named Inventor	Paul S. Gryskiewicz
Examiner Name	Paulos M. Natnael
Art Unit	2614
Attorney Docket No.	42P7417R

**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)       Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	36	36* = 0	50.00	\$0.00
Independent Claims	6	6** = 0	200.00	\$0.00
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original paten
		SUBTOTAL (1)		(\$)
				0 00

*\*\*or number previously paid, if greater. For Reissues, see below.*

## 2. ADDITIONAL FEES

2. ADDITIONAL FEES		Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or co			
2053	130	2053	130	Non-English specification			
1251	120	2251	60	Extension for reply within first month			
1252	450	2252	225	Extension for reply within second month			
1253	1,020	2253	510	Extension for reply within third month			
1254	1,590	2254	795	Extension for reply within fourth month			
1255	2,160	2255	1,080	Extension for reply within fifth month			
1401	500	2401	250	Notice of Appeal			
1402	500	2402	250	Filing a brief in support of an appeal			
1403	1,000	2403	500	Request for oral hearing			
1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
1809	790	1809	395	Filing a submission after final rejection (37			
1810	790	2810	395	For each additional invention to be examined			

Fee Paid

**Other fee (specify)**

**SUBTOTAL (2)**

6

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone
Signature			Date	12/28/04

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (12/15/2004)  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

## For: BLENDING TEXT AND GRAPHICS FOR DISPLAY

## RESPONSE

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

Dear Sir:

In response to the Official Action mailed September 29, 2004, please reconsider the above-identified patent application in view of the following.